Warrick County Health Department 107 W. Locust St., Suite 204 Boonville, IN 47601 Phone: (812) 897-6105 (Ext.5) Fax: (812) 897-6104

Application for 2015 Food Permit: Permanent Establishment

All fields must be completed.

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Mailing Address (if different): Street City State Zip
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Email Address: Certified Food Safety Employee(s): Manager / On-Site Supervisor: Business Hours: Has ownership changed within the last 12 months?
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Business Hours: Has ownership changed within the last 12 months? Type of Business: Permanent Type of Business: Permanent Mobile / Temporary* This application is for permanent establishments only. Mobile / Temporary facilities need to obtain the proper application. Owner Name: Mailing Address: Street City State Zip Phone Number: Email Address should permit be mailed to? Fax Number: Which address should permit be mailed to? Facility Owner Number of Employees Permit Fee Number of Employees Permit Fee
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1 Inru 5 \$75
6 Thru 25 \$100
26 Thru 50 S125
51 or more \$150
Amount of Fee Submitted: \$ Method of Payment: Cash Check Money Order:*A late fee of \$50 will be charged for applications received after the deadline of March 1 for renewal
SignatureDate
ame

For office use only: Permit #	Printed NameTitle	SignatureDate